

**PART B - FEE(S) TRANSMITTAL**

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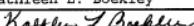
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28075 7590 12/29/2009  
**CROMPTON, SEAGER & TUFTE, LLC**  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kathleen L. Bookley (Depositor's name)  
  
(Kathleen L. Bookley) (Signature)  
March 29, 2010 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10675,223	09/30/2003	Michael P. Boutillette	1001.2474101	9880

TITLE OF INVENTION: SIDE LOADING WIRE TORQUING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/29/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, HUONG Q	3736	600-585000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents, if no name is listed, no name will be printed.	CROMPTON, SEAGER & TUFTE, LLC
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/1.22) attached.		2. _____
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Boston Scientific Scimed, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advancement Order - # of Copies one (1)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

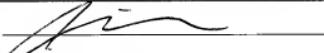
A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature   
Typed or printed name Scot Wickham

Date 3-29-2010

Registration No. 41,376

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